WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 5: 25 - 31 January 2021
Data as reported by: 17:00; 31 January 2021

0  New event
118  Ongoing events
105  Outbreaks
13  Humanitarian crises

Protracted 3 events 19
Protracted 2 events 4
Protracted 1 events 0
Ungraded events 2

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Dengue fever
- Chikungunya
- COVID-19
- Anthrax
- Hepatitis E
- Cases
- Deaths

Humanitarian crisis
Skin disease of unknown etiology

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 118 events in the region. This week’s articles cover:

- Coronavirus disease 2019 (COVID-19) in Namibia
- Humanitarian crisis (refugees) in Liberia

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

**Major issues and challenges include:**

- Namibia has followed a familiar COVID-19 pandemic trajectory to that seen elsewhere in southern Africa, with a peak during the winter months, July and August and a second peak starting towards the end of 2020, which is now declining. Although absolute numbers are relatively low, the country is the tenth most affected in the African region, although with few deaths. Challenges remain around poor adherence to physical and social measures to prevent COVID-19, as well as with isolation facilities in the country, which need to be addressed urgently.

- The continuing insecurity in Côte d’Ivoire is likely to lead to continuing movement of refugees into Liberia, with the potential for the public health and humanitarian threats that this brings to an already stressed host population. The risks of importation of COVID-19 and circulating vaccine derived polio virus are high, requiring careful screening of refugees and active surveillance within refugee settlements and their host communities.
EVENT DESCRIPTION

The first COVID-19 case was recorded in Namibia on 13 March 2020. Numbers of confirmed cases started to rise from week 26 of 2020 (week ending 27 June 2020), peaking initially in week 33 of 2020 (week ending 15 August 2020). Confirmed cases started to rise again in week 49 of 2020 (week ending 5 December 2020), with the highest number of weekly cases (3 485) recorded in week 53 of 2020 (week ending 2 January 2021). Since then, weekly confirmed cases have started to fall again.

As of 31 January 2021, a total of 33 944 confirmed cases have been recorded, with 353 deaths (case fatality ratio 1.0%). All 14 regions of the country have reported confirmed cases, with Khomas and Erongo regions recording the highest number of cases at 14 331 (42%) and 6 942 (20%) respectively. A total of 1 612 (5%) health workers have tested positive, with six deaths. To date, 262 690 tests have been conducted. Contact tracing is ongoing, with a cumulative total of 61 476 contacts of confirmed cases identified, of whom 56 220 have completed their monitoring period. Of these, 7 721 (23%) tested positive.

Of the total confirmed cases, 23 303 (69%) are in the age group 20-49 years; 4 064 (12%) are in the 5-19 age group; the under 5-year age group account for 790 (2%) of cases, while 2 179 (6%) are above 60 years.

PUBLIC HEALTH ACTIONS

- A national vaccine roll out strategy is in development.
- Risk communication and community engagement activities are ongoing.
- Government and partners continue to prioritise continuation of essential health services across the country.

SITUATION INTERPRETATION

The COVID-19 outbreak in Namibia followed a similar trajectory to other southern African countries, with an initial peak in July and August 2020, falling to a plateau until November 2020 when numbers of confirmed cases again rose, to significantly greater numbers than were seen in the first wave of infection. Confirmed cases again peaked in early January 2021 and are now falling once more. Namibia borders South Africa, the most affected country in the region, and although there are border control measures in place, there is regular movement between the two countries. Challenges remain with lack of isolation units and facilities across the country and non-adherence to COVID-19 prevention measures. Although the second peak in cases is falling, there is no room for complacency, since, until vaccine-induced immunity is achieved, it is likely that there will be further surges of infection across the country. Authorities need to continue to strengthen risk communication and community engagement measures to ensure adherence to social and physical prevention measures, and continue with the policy of testing, contact tracing and isolation of contacts.
Health Emergency Information and Risk Assessment

EVENT DESCRIPTION

Liberia continues to host large numbers of refugees fleeing the fragile political situation in Côte d’Ivoire. A total of 1,667 new Ivorian refugees arrived in Liberia between 19 to 28 January 2021. One new country, Montserrado, recorded a total of 195 refugees during the reporting period, all of whom had arrived in the country between 9 October and 23 December 2020. As of 28 January 2021, the Liberia Refugee Repatriation and Resettlement Commission has recorded a total of 25,901 Ivorian refugees in 13 districts of five counties, Nimba (16,837; 65%), Grand Gedeh (5,206; 20%), Maryland (2,428; 9%), River Gee (1,235; 5%) and Montserrado (195; 1%).

More females (56%) than men (44%) have fled into Liberia, with most (10,166; 39%) aged 5-17 years, followed by the age range 18-59 years (9,368; 36%).

Liberia is among the countries in the region that are experiencing a new wave of COVID-19, and there continue to be new cases among the travellers. Other health threats are importation of vaccine derived polio virus type 2 (cVDPV2) and other priority diseases such as water-borne diseases, measles and dengue.

PUBLIC HEALTH ACTIONS

- A national response plan has been developed for the first three months of the crisis.
- A weekly coordination meeting is taking place involving the five host counties, the Ministry of Health and partners.
- In Nimba County a total of 100 protection cases of varying types were identified and profiled, including separated and unaccompanied children, elderly people, people with disabilities, elderly women caring for children, pregnant women, etc.
- At least 6,062 individuals were issued with facemasks during UNHCR registration.
- Refugees are being screened for medical issues, including fever, headache and malnutrition.
- COVID-19 screening among refugees continues, with 13,899 swabs collected, all of which tested negative.
- The WHO Liberia country office has deployed an epidemiologist for four months to support screening, coordination, surveillance, human resource and risk communication and community engagement (RCCE) activities to address COVID-19 and other diseases.
- WHO Regional Office has provided funding to support health emergency preparedness and response in the four affected counties, including COVID-19 related activities.
- Routine immunization outreach is being implemented in the refugee’s host communities.

SITUATION INTERPRETATION

With continuing insecurity in Côte d’Ivoire, it is likely that refugee movement will continue for the foreseeable future. Critical public health threats are linked to importation of COVID-19 and circulating vaccine derived polio virus, inadequate screening of new arrivals, overstretched health services in affected districts with stock outs of essential medical supplies, including infection prevention and control (IPC) supplies, inadequate water, sanitation and hygiene facilities and lack of adherence to IPC measures because of broken water pumps and open defecation. National authorities and partners need to continue screening of refugees, along with resource mobilization to address the needs of refugees and host communities and ensure adequate data quality management to inform the response to the ongoing needs of the refugees and their host communities.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- The second surge in COVID-19 cases in Namibia is on a declining trend, which is a welcome development. However, increasing lack of adherence to non-pharmaceutical prevention measures is a challenge, as is the lack of isolation facilities across the country for confirmed cases.

- The ongoing refugee movement into Liberia from Côte d’Ivoire continues to be a concern, stressing host communities, with the potential for outbreaks of COVID-19, cVDPV2, as well as water-borne diseases.

Proposed actions

- Authorities in Namibia need to strengthen risk communication and community engagement in order to promote adherence to non-pharmaceutical COVID-19 prevention measures and continue with their policy of testing, contact tracing and isolation of contacts.

- Partners and national authorities in Liberia need to continue all public health measures, along with humanitarian assistance and resource mobilization to address the needs of refugees and host communities.
### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>31-Jan-21</td>
<td>107 339</td>
<td>107 339</td>
<td>2 891</td>
<td>2.7%</td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>31-Jan-21</td>
<td>19 796</td>
<td>19 796</td>
<td>466</td>
<td>2.4%</td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>31-Jan-21</td>
<td>3 893</td>
<td>3 893</td>
<td>52</td>
<td>1.3%</td>
</tr>
<tr>
<td>Benin</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-May-19</td>
<td>12-Dec-19</td>
<td>04-Nov-20</td>
<td>1 349</td>
<td>1 028</td>
<td>5</td>
<td>0.4%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>27-Jan-21</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>29-Jan-21</td>
<td>21 293</td>
<td>21 293</td>
<td>134</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>01-Jan-19</td>
<td>30-Oct-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>07-Sep-20</td>
<td>17-Sep-20</td>
<td>23-Nov-20</td>
<td>450</td>
<td>16</td>
<td>10</td>
<td>3.6%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>27-Jan-21</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>30-Jan-21</td>
<td>1 635</td>
<td>1 635</td>
<td>2</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

*From 25 February 2020 to 31 January 2021, a total of 107 339 confirmed cases of COVID-19 with 2 891 deaths (CFR 2.7%) have been reported from Algeria. A total of 73 344 cases have recovered.

From 1 January 2020 to 4 November 2020, Angola reported a total of 1 349 suspected cases that have been notified and investigated of which 1 028 have been confirmed. There was a total of 5 deaths reported from 1 January to 1 July 2020 in 14 provinces across Angola; there is no further information regarding deaths for this current period. 80% of the confirmed cases are <5 years of age; 14% are aged 5-9 years; 3% are 10-14 years of age. A total of 16 out of 18 provinces are affected. The most affected provinces were Cabinda (436), Bie (184), Malanje (108), Luanda (88), and Huambo (55).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two cases were reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two cases were reported in 2020, with 8 cases reported in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

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Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease spread in the host community in the district of Ciboke. A total of 45 of the 47 districts in the country had at least one case throughout 2020. As of 18 December 2020, Burundi reported a total of 1 334 confirmed measles cases of which 214 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Mar-20</td>
<td>04-Nov-19</td>
<td>18-Dec-20</td>
<td>1334</td>
<td>1334</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Conflict in the North-West and South-West regions continues to cause mass displacement, both internally and into neighboring Nigeria. As of 30 October 2020, a total of 711,056 internally displaced persons in the North-West and South-West region and a total 61,774 Cameroon refugees in Nigeria were reported by UNHCR. Attacks on educational institutions and civilian populations continue to increase. On 3 November 2020, armed men kidnapped 11 teachers from a school in Kumbo and on 4 November 2020 students and teachers were tortured during an attack on a college in Limbe, and on the same day nine school children were kidnapped and later released in Fundong. Shelter, NFI (non-food Items), protection and food continue to be the most urgent needs of the displaced populations.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 31 January 2021, a total of 14,070 confirmed COVID-19 cases including 134 deaths and 13,144 recoveries were reported in the country.

Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangato and Bria. Around 641,292 people are internally displaced in Central Africa and 626,838 persons are refugees in neighbouring countries, namely, Cameroon, Democratic Republic of Congo (DRC), Republic of Congo, Sudan and South Sudan.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 28 January 2021, a total of 4,989 confirmed cases, 63 deaths and 4,908 recoveries were reported.

As of 14 October 2020, a total of 28,676 suspected cases have been notified and 137 deaths within 22 affected districts. A total of 32 new cases and 0 deaths were reported as of epi week 40. The majority of cases are under five years of age, followed by the 5 to under 15 year old age group. Response activities are ongoing in the affected health districts.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>27-Jan-21</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 4 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks.</td>
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<tr>
<td>Chad</td>
<td>Chikungunya</td>
<td>Grade 1</td>
<td>27-Aug-20</td>
<td>28-Aug-20</td>
<td>3-Dec-20</td>
<td>38 397</td>
<td>22</td>
<td>1</td>
<td>0.0%</td>
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<tr>
<td></td>
<td>From 14 August to 3 December 2020, there were 38 397 cases of chikungunya recorded and 1 death, 4 provinces were affected Oueddai, Wadifira, Silla and Guera all in the central eastern part of the country. Cumulative cases number in Abéché (30 888), Biltine (7 233) and Arada (217), Abdi (1) et Goz beida (57), and Mongo (1). Since EW 47 no new cases have been reported.</td>
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<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>31-Jan-21</td>
<td>3 376</td>
<td>3 376</td>
<td>118</td>
<td>3.5%</td>
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<tr>
<td></td>
<td>The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 31 January 2021, a total of 3 376 confirmed COVID-19 cases were reported in the country including 118 deaths and 2 464 cases who have recovered.</td>
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<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>01-Jan-19</td>
<td>27-Dec-20</td>
<td>8 717</td>
<td>547</td>
<td>41</td>
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<td>The measles outbreak in Chad continues to show a declining trend overall, although with a slight increase in cases in recent weeks. A total of 15 suspected cases were notified with no deaths in week 50 (week ending 12 December 2020).</td>
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<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>09-Sep-19</td>
<td>27-Jan-21</td>
<td>109</td>
<td>109</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 98 cVDPV2 cases in 2020 from three different outbreaks. There were 11 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.</td>
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<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>31-Jan-21</td>
<td>2 726</td>
<td>2 726</td>
<td>93</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 31 January 2021, a total of 2 726 confirmed COVID-19 cases, including 93 deaths and 1 731 recoveries were reported in the country.</td>
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<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Jan-21</td>
<td>7 887</td>
<td>7 887</td>
<td>117</td>
<td>1.5%</td>
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<tr>
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<td>The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 19 January 2021, a total of 7 887 cases including 117 deaths and 6 836 recovered cases have been reported in the country.</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>31-Jan-21</td>
<td>28 399</td>
<td>28 399</td>
<td>154</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>Since 11 March 2020, a total of 28 399 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 154 deaths, and a total of 26 007 recoveries.</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>22-Nov-20</td>
<td>-</td>
<td>-</td>
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<tr>
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<td>The prolonged and complex humanitarian crisis in Democratic Republic of the Congo continues, with 5.5 million internally displaced persons (IDP), 15.6 million people food insecure and in need of emergency assistance, and 5.6 million people in need of emergency health assistance. The main provinces affected are Ituri, and North and South Kivu. Since the end of October 2020, an estimated 2 250 IDPs have been displaced in the Djili region, Ituri Province, as a result of clashes between government soldiers and armed insurgents. This affects an estimated 21 000 people. In the Lita Health Zone, a further 11 890 IDPs are vulnerable, according to CARITAS and UNICEF, while in the Tchaka site 375 households have been assisted with non-food items by CARITAS. However, a further 2 003 IDPs living outside the site have not been provided with assistance. In North Kivu, Beni is a hot spot for armed attacks against civilians, with instances of rape, looting and destruction of shelters, as well as killings. Around 30% of protection incidents documented in North Kivu were committed in Beni.</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>01-Jan-20</td>
<td>5-Dec-20</td>
<td>18 504</td>
<td>-</td>
<td>301</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>The ongoing cholera outbreak in Democratic Republic of the Congo is on a declining trend compared to previous years, although there has been a recent increase in cases. Outbreaks continue to occur in the central, south-eastern and eastern parts of the country. As of 5 December 2020 there has been a cumulative total of 18 504 cases, including 301 deaths (case fatality ratio 1.6%) in 131 health zones in 18 provinces. This is in comparison to 27 883 cases and 487 deaths (case fatality ratio 1.8%) in 179 health zones in 24 provinces in the same period in 2019. However, outbreaks are expected to continue in affected provinces, with possible resurgences as a result of current high rainfall, population displacement, inadequate access to safe drinking water and poor sanitation.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>30-Jan-21</td>
<td>22 771</td>
<td>22 770</td>
<td>671</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 22 770 confirmed cases and one probable case, with 671 deaths reported. A total of 15 031 people have recovered.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>01-Jan-20</td>
<td>31-Dec-20</td>
<td>6 257</td>
<td>39</td>
<td>229</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>From epidemiological week 50 to 53 of 2020, there were 269 suspect cases of monkey pox and 4 deaths registered across the country. Between epidemiological week 1 and week 53, a total of 6 257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5 288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there is a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------</td>
<td>-------</td>
<td>-----------------------</td>
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<td>-------------------------</td>
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<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>01-Jan-20</td>
<td>25-Dec-20</td>
<td>420</td>
<td>-</td>
<td>29</td>
<td>6.9%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>01-Jan-18</td>
<td>27-Jan-21</td>
<td>183</td>
<td>183</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>28-Jan-21</td>
<td>5 516</td>
<td>5 516</td>
<td>86</td>
<td>1.6%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>29-Jan-21</td>
<td>2 135</td>
<td>2 135</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>01-Jan-19</td>
<td>10-Jan-21</td>
<td>1 484</td>
<td>14484</td>
<td>479</td>
<td>3.3%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>29-Jan-21</td>
<td>10 748</td>
<td>10 748</td>
<td>68</td>
<td>0.6%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>30-Jan-21</td>
<td>4 090</td>
<td>4 090</td>
<td>128</td>
<td>3.1%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>29-Jan-21</td>
<td>67 010</td>
<td>67 010</td>
<td>416</td>
<td>0.6%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>30-Jan-21</td>
<td>14 532</td>
<td>14 532</td>
<td>82</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Ituri province notified an upsurge of plague cases in the health zone of Rethy during 2020. From 1 January to 25 December 2020, a total of 420 cases with 29 deaths (CFR 6.9%) were notified in 5 out of 22 health areas of Rethy health zone. Plague is considered endemic in Ituri province. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country. Actions undertaken include ongoing strengthening in surveillance with the support of Malters International (MI) and WHO; decontamination of households of cases; case management and free preventive distribution of doxycycline (in adults) and cotrimoxazole (in children) to contacts; raising awareness for community engagement; and briefing health providers in the affected health areas.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 75 cases reported in 2020, while the 2019 case count remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 28 January 2021, a total of 5 516 cases have been reported in the country with 86 deaths and 5 286 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 January 2021, a total of 2 135 confirmed COVID-19 cases with seven deaths were reported in the country. A total of 1 594 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 31 January 2021, a total of 15 711 cases have been reported in the country including 10 478 recoveries. A total of 565 associated deaths have been reported.

The security situation in Tigray Region remains unstable and unpredictable. Fighting continues to be reported mainly in Central, Eastern, North Western, South and South Eastern parts of the region. The situation is particularly volatile in rural areas where large numbers of people are believed to have fled.

In week 01 (week ending 10 January 2021), 78 new suspected cases with one associated death were reported. Most of the cases were reported from SNNP and Oromia.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 137 650 cases of COVID-19 as of 31 January 2021, with 2 093 deaths and 122 962 recoveries.

In week 01 (week ending 10 January 2021), the measles outbreak is still ongoing in the country. A total of 37 new suspected cases were reported during the week with one associated death mainly from SNNPR, Oromia, Amhara and Benishangul regions.

In week 01 (week ending 10 January 2021), the measles outbreak is still ongoing in the country. A total of 37 new suspected cases were reported during the week with one associated death mainly from SNNPR, Oromia, Amhara and Benishangul regions.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of cVDPV2 cases reported is 35.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 29 January 2021, a total of 10 748 cases including 68 deaths and 10 260 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 January 2021, a total of 4 090 confirmed COVID-19 cases including 128 deaths, and 3 792 recoveries have been reported in the country.

Since 12 March 2020, when the Ministry of Health announced the first confirmed COVID-19 cases in Ghana, a total of 67 010 cases including 416 deaths and 61 236 recoveries have been reported in the country.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 12 cases reported in 2020, while the total number of 2019 cases remains 18. One cVDPV2 positive environmental sample was reported in the Eastern province.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 30 January 2021, a total of 14 532 cases including 14 143 recovered cases and 82 deaths have been reported in the country.
Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kontian, in the rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or being in contact with a foreigner a month before her illness. She consulted at Koudou health centre on 10 July 2020, with fever, cough, myalgia, diarrhoea, vomiting, sore throat, and chest pain. The malaria RDT performed was positive. She was treated for malaria and transferred to Guéckédou hospital the same day, where the diagnosis of haemorrhagic fever was made. A diagnostic test for haemorrhagic fever performed at the Haemorrhagic Fever laboratory in Guéckédou was positive for lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

For epidemiological week 53 of 2020, there were a cumulative number of 6 118 cases and 15 deaths. During week 44 of 2019 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January - 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Douin in Mamou health district and Soumpoura in Tougue health district.

Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; two in Nzererekore and one in Conakry. There are 39 cVDPV2 cases in the country.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 30 January 2021, the country has reported 2 635 confirmed cases of COVID-19 with 2 426 recoveries and 45 deaths.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 31 January 2021, 100 773 confirmed COVID-19 cases including 1 763 deaths and 83 907 recoveries have been reported in the country.

Since 1 January 2020, a total of 430 visceral leishmaniasis cases have been reported in Marsabit, Garissa, Kitui, Baringo and West Pokot Counties. Marsabit County has reported 115 suspected cases out of which 82 tested positive by RDT (k39) with four deaths (CFR 6.5%). Garissa County has reported 105 confirmed cases from Lagdera and Garissa sub-counties with three deaths. Kitui County has reported 79 cases from Mwingi North Sub County with no death, while Baringo County has reported 17 confirmed cases from Tiaty sub-county. West Pokot County, Pokot North sub-county, has reported 120 cases with 5 new cases reported from the county.

An outbreak of measles has been reported in nine sub-counties spread across five counties since the beginning of the year; West Pokot, Garissa, Wajir, Tana River and Kilifi. Total cases reported are 626 out of which 49 were confirmed and two deaths (CFR 0.3 percent). The outbreak is active in West Pokot County with 24 new cases reported in the last week.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, as of 29 January 2021, a total of 8 278 cases of COVID-19 have been reported, including 2 512 recoveries and 160 deaths.

From 16 March to 28 January 2021, a total of 1 939 cases including 84 deaths and 1 760 recoveries have been reported from all 15 counties of Liberia. Montserrado County, which hosts the country’s capital city, remains at the epicenter of the outbreak.

Two new confirmed cases were reported during week 46 (week ending 15 November 2020). Of 162 suspected cases reported across the country from 1 January to 15 November 2020, 51 were confirmed. A total of 22 deaths (CFR 43%) have been reported among the confirmed cases.

In week 3 (week ending 19 January 2021), 19 suspected cases were reported from Bomi (6) Rivercess (3), Nimba (2), Grand Kru (2), Sinoe (2), Grand Gedeh (1), Lofa (1), River Gee (1) and Bong (1) Counties. Since the beginning of 2021, 43 cases have been reported across the country, of which 4 are laboratory-confirmed and 22 are clinically confirmed.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 29 January 2021, a total of 19 065 cases of COVID-19 have been reported in the country, out of which 18 215 have recovered and 281 deaths reported.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 31 January 2021, the country has a total of 23 963 confirmed cases with 702 deaths and 8 615 recoveries.
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The persistent insecurity and deteriorating economic conditions due to the COVID-19 pandemic have caused a steep rise in trafficking of children, forced labour and forced recruitment by armed groups across the country. According to the latest report of the UNHCR led Global Protection Cluster, 220 cases of child recruitment were documented in the first half of 2020, compared to 215 cases in all of 2019. The country continues to record incidents targeting aid workers. Certain humanitarian operations in Timbuktu and Menaka regions were suspended as a result of violent security incidents. The country has had heavy rains since the end of June 2020, which have caused flooding in Mopti, Gao, Segou and Sikasso regions affecting over 13,200 people, including 5,400 IDPs.

Mali – COVID-19
Grade 3
25-Mar-20
25-Mar-20
31-Jan-21
8,091
8,091
330
4.1%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 31 January 2021, a total of 8,091 confirmed COVID-19 cases have been reported in the country including 330 deaths and 5,945 recoveries.

Mali

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

Ungraded
n/a
n/a
30-Oct-20
-
-
-
-

COVID-19
Grade 3
25-Mar-20
25-Mar-20
31-Jan-21
8,091
8,091
330
4.1%

During week 3 (week ending 24 January 2021), 21 suspected cases of measles were reported from five regions in the country. Since 1 January 2021, 110 suspected cases, 12 of which have been confirmed, have been reported.

Mali

Measles
Ungraded
20-Feb-18
01-Jan-19
24-Jan-21
110
12
0
0.0%

As of 27 December 2020, a total of 178 suspected cases have been reported including 3 confirmed cases and 1 death. 172 samples have been analyzed of which three (0.3%) have been confirmed positive by IPD. 169 samples were deemed negative. The cumulative epidemiological situation in 2019 included 78 suspected cases including four confirmed cases and three deaths (CFR 75%). Confirmed cases of yellow fever were reported from the Sikasso and Koulikoro regions.

Mauritania – COVID-19
Grade 3
13-Mar-20
13-Mar-20
26-Jan-21
16,460
16,460
418
2.5%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 26 January 2021, a total of 16,460 confirmed cases including 418 deaths and 15,391 recovered cases have been reported in the country.

Mauritania

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

COVID-19
Grade 3
13-Mar-20
13-Mar-20
26-Jan-21
16,460
16,460
418
2.5%

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etewvigh Clinic in Tevragh Zeina district, and all have been confirmed by RT-PCR at the National Institute of Research in Public Health (INRSP). On 3 May 2020, two suspected cases of dengue fever were admitted to hospital in Mauritania. On May 4 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and a further 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Agbnemrte and Edebaye) were detected.

Mauritania

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

Rift Valley Fever
Grade 1
09-Oct-20
04-Sep-20
28-Sep-20
36
36
13
36.1%

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudj Brahia (Tagant region), Guerou department (Assaba region) and Chinguetti department (Adrar region). The 7 deaths occurred in the Tagant region (5) and in the Assaba region (2). All these deaths occurred among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorrhagia) and vomiting, in the 3 departments of the region. As of 5 October 2020, a total of 88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP). 36 were positive (by PCR and Elisa), 46 were negative. Six sample result are still pending. Confirmed cases have been reported in 9 regions (Adrar, Assaba, Brakna, Hodh El Chargui, Hodh El Gharbi, Tagant, Trarza, Gorgol et Noukchott Sud). The continuous surveillance of RVF at the animal level has had the effect of the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh El Gharbi regions. The results of 165 samples taken in the period from September 16 to 23, 2020, show that 33 camels, 4 small ruminants and 6 cattle were positive.

Mauritania

COVID-19
Grade 3
18-Mar-20
18-Mar-20
25-Jan-21
568
568
10
1.8%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 25 January 2021, a total of 568 confirmed COVID-19 cases including 10 deaths and 525 recovered cases have been reported in the country.

Mauritius

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

COVID-19
Grade 3
18-Mar-20
18-Mar-20
25-Jan-21
568
568
10
1.8%

Mozambique – Humanitarian crisis
Protracted 1
n/a
n/a
30-Oct-20
-
-
-
-

Cabo Delgado Province passed one year and six months since it was hit by Tropical Cyclone Kenneth in April 2019 followed by deteriorating humanitarian situation due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and poor access to basic services, as well as the occurrence of different disease outbreaks. The security situation continues to deteriate due to frequent insurgency attacks. The province has been hit by a wave of violence since October 2017, which has escalated significantly since January 2020. Frequent attacks are happening in 8 districts (Quissanga, Mocimba, D paraí, Muidermbao, Nagadi, Melucu, Manocmia and Ibo) situated in the north part of the capital of the province resulting in destruction of government offices, and service providing facilities including health facilities. Of the total health facilities in the province 41 (32%) have been closed down due to vandalism or other reasons.

Mozambique

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

Humanitarian crisis in Cabo Delgado
Grade 2
01-Jan-20
01-Jan-20
30-Nov-20
-
-
-
-

Cholera
Ungraded
20-Feb-20
31-Jan-20
21-Oct-20
1,698
38
27
1.6%

A cholera outbreak is ongoing in Mozambique. From 1 January till 21 October 2020, a total of 1,698 cases including 27 deaths (CFR 1.6 %) were reported in Cabo Delgado province. Five districts, namely Mocimboa da Praia, macomia, Ibo, Pemba city and Metuge are affected.

Mozambique

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

COVID-19
Grade 3
22-Mar-20
22-Mar-20
31-Jan-21
38,654
38,654
367
0.9%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 31 January 2021, a total of 38,654 confirmed COVID-19 cases were reported in the country including 367 deaths and 23,955 recoveries.

Mozambique

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

Measles
Ungraded
25-Jun-20
01-Jan-20
22-Jul-20
862
140
0
0.0%

There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molóucé district. As of week 21, there were 862 suspected cases in Public Health. 711 suspected cases tested and 140 IgM for measles, no epi-linked cases reported, and no deaths. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.

Mozambique

Grade
Start of reporting period
End of reporting period
Total cases
Cases Confirmed
Deaths
CFR

COVID-19
Grade 3
14-Mar-20
14-Mar-20
30-Jan-21
33,944
33,944
353
0.0%

Detailed update given above.

Namibia – COVID-19
Grade 3
14-Mar-20
14-Mar-20
30-Jan-21
33,944
33,944
353
0.0%
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-17</td>
<td>08-Sep-17</td>
<td>04-Oct-20</td>
<td>10 114</td>
<td>10 114</td>
<td>66</td>
<td>0.7%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>30-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>01-Jan-20</td>
<td>27-Dec-20</td>
<td>1 195</td>
<td>1 181</td>
<td>244</td>
<td>20.4%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>01-Jan-20</td>
<td>20-Jan-21</td>
<td>420</td>
<td>14</td>
<td>0</td>
<td>3.3%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jun-18</td>
<td>01-Jan-18</td>
<td>27-Jan-21</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>01-Nov-20</td>
<td>25-Dec-20</td>
<td>3 112</td>
<td>109</td>
<td>249</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>31-Jan-21</td>
<td>15 304</td>
<td>15 304</td>
<td>196</td>
<td>1.3%</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-20</td>
<td>6-Apr-20</td>
<td>30-Jan-21</td>
<td>1 256</td>
<td>1 256</td>
<td>17</td>
<td>1.4%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>02-Mar-20</td>
<td>02-Mar-20</td>
<td>31-Jan-21</td>
<td>26 523</td>
<td>26 523</td>
<td>628</td>
<td>-</td>
</tr>
<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>01-Sep-20</td>
<td>07-Sep-20</td>
<td>07-Sep-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>23-Oct-20</td>
<td>23-Oct-20</td>
<td>15-Nov-20</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

In weeks 39 and 40 (21 September - 04 October 2020), a total of 12 HEV cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 114 cases (2 069 laboratory-confirmed, 4 530 epidemiologically linked, and 1 378 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Kharoan Region remains the most affected region, with 4 078 (50%) of reported cases, followed by Erongo 1 880 (19%) since the outbreak began.

Cabo Delgado has suffered frequent insurgent attacks from Non-State Armed Group (NSAG) which started in October 2017. Since the beginning of 2020, the frequency and area of attack has increased. The attacks are happening mainly in 8 districts situated in the North and Center of the Province. It has resulted in destruction of government service providing facilities (offices), including health facilities. Violent fighting has been reported in the areas around Mueda and Muidumbule districts.

From 19 March 2020 to 31 January 2021, a total of 4 517 cases with 159 deaths have been reported across the country. A total of 3 755 recoveries have been reported from the country.

From week 1 to 22 of 2020, Niger reported a total a measles suspected case count of 2 079 of which there were 241 lab confirmed (IgM positive) and 4 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa (4 cases, 0 deaths), Dosso (27 cases, 0 deaths), Maradi (101 cases, 2 deaths), Niamey (23 cases, 0 deaths), Tahoua (62 cases, 1 death), Tillaberi (67 cases, 0 deaths) and Zinder (167 cases, 1 death). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country. So far, 24 districts have been affected by outbreaks in 2020.

As of 31 January 2021, Nigeria is reporting a total of 131 242 confirmed cases of COVID-19 including 1 586 deaths and 104 960 recoveries.

As of 31 January 2021, a total of 1 195 cases (1 181 confirmed and 14 probable) with 244 deaths (CFR 20.4%) has been reported from 131 Local Government Areas across 27 states in Nigeria.

A total of six new confirmed cases were reported from four states (Ondo, Edo, Bauchi and Ebonyi) in week 52 (week ending 27 December 2020). From 1 January to 27 December 2020, a total of 1 195 cases (1 181 confirmed and 14 probable) with 244 deaths (CFR 20.4%) have been reported from 131 Local Government Areas across 27 states in Nigeria.

As of 31 January 2021, 10 114 cases (2 069 laboratory-confirmed, 4 530 epidemiologically linked, and 1 378 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Kharoan Region remains the most affected region, with 4 078 (50%) of reported cases, followed by Erongo 1 880 (19%) since the outbreak began.

The humanitarian crisis in the North-eastern part of Nigeria persists, with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.

The measles outbreak in Nigeria is ongoing with multiple rounds of supplemental immunization activities (SIAs) ongoing in Kogi and Niger states.

The measles outbreak in Nigeria is ongoing with multiple rounds of supplemental immunization activities (SIAs) ongoing in Kogi and Niger states.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Sokoto. There are seven cVDPV2 cases reported in 2020 and 18 cVDPV2 cases reported in 2019 and 34 in 2018.

As of 25 December 2020, there has been a cumulative total of 3 112 suspected cases of yellow fever, of which 109 cases have been confirmed, from 488 LGA (63%) across all states and the Federal Capital Territory (FCT). Laboratory results in-country show 70 cases confirmed by PCR, with 148 presumptive positive, 13 inconclusive and 1 526 negative. Laboratory results for 148 samples sent to Institut Pasteur Dakar show 41 (27.7%) confirmed, 16 negative and 91 pending.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 31 January 2021, a total of 15 304 cases with 196 deaths and 10 087 recovered cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 30 January 2021, a total of 1 256 confirmed cases of COVID-19 have been reported, including 17 deaths. A total of 1 023 cases have been reported as recoveries.

Since 2 March 2020, a total of 26 523 confirmed cases of COVID-19 including 628 deaths and 21 970 recoveries have been reported.

A 36-year-old male tested positive for dengue serotype 2 (IgM) on 14 August 2020 by IP Dakar. Onset of symptoms began 10 July 2020 including fever, headaches, and arthralgia. Initial case investigations from the 1 June 2020 onward had found 6 suspect cases who then tested negative for dengue. No other cases have been reported as of 21 September 2020. Response actions include vector control entomological investigation and ongoing case identification.

The Institut Pasteur of Dakar through the directorate of diseases prevention notified the district of Matam of two confirmed cases of Rift Valley fever (IgM positive) on 23 October 2020. It is a 20-year-old, male, living in Bokiandé. He consulted at the health post on 13 October 2020 for an infectious syndrome without history of travel.

Since 16 October 2020, a total of 15 304 cases with 196 deaths and 10 087 recovered cases have been reported in the country.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Skin disease of unknown aetiology</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>12-Nov-20</td>
<td>567</td>
<td>567</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>West Nile fever</td>
<td>Ungraded</td>
<td>23-Oct-20</td>
<td>15-Nov-20</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>31-Jan-21</td>
<td>1201</td>
<td>1201</td>
<td>4</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>31-Jan-21</td>
<td>3 593</td>
<td>3 593</td>
<td>79</td>
<td>2.2%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>05-Mar-20</td>
<td>31-Jan-21</td>
<td>1 453 761</td>
<td>1 453 761</td>
<td>44 164</td>
<td>2.9%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Floods</td>
<td>Grade 1</td>
<td>1-May-20</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-16</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>19-Sep-19</td>
<td>22-Jun-20</td>
<td>916</td>
<td>916</td>
<td>50</td>
<td>0.2%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>31-Jan-21</td>
<td>509</td>
<td>509</td>
<td>21</td>
<td>4.1%</td>
</tr>
<tr>
<td>Togo</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>11-Nov-20</td>
<td>68</td>
<td>18</td>
<td>2</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

As of 22 November 2020 a total of 567 cases of dermatosis of unknown origin had been seen and treated, including 336 in Mbao, 120 in Rufisque, 104 in Diamniadio, six in Dakar Centre (CS Saspard Camara) and one in Dakar West (CS Philippe Senghor). All but one case were treated as outpatients. The age of the cases ranged from 10 to 59 years, with an average age of 23. Most cases (94, 34.4%) were in the age group 10-20 years. All had been to sea and all responded well to treatment. Cases are characterized by impetigo-like lesions with peri-laryngeal and peri-oral localization, with some papular lesions localized to the hand and feet and rarely to the external genitals. The eyes are affected with conjunctival redness and inflammation. Systemic features are headache and fever. Examinations to date do not suggest an infectious cause, with skin biopsy results suggesting dermatitis caused by some caustic external agent. Further investigations are ongoing.

From 29 October to 17 December 2020, there have been 7 cases confirmed (IP Dakar) with yellow fever in three regions of Senegal bordering Mauritania and Mali: 4 in Kidira health district (Tambacounda Region), 1 in Thione health district (Matam Region), 1 in Saraya district and 1 in Kedougou district (the latter two are both from Kedougou Region). Two deaths have been notified.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, a total of 2 013 cases have been confirmed, including 982 recoveries and 4 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 31 January 2021, a total of 3 593 confirmed COVID-19 cases were reported in the country including 79 deaths and 2 282 recovered cases.

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1 453 761 confirmed cases and 44 164 deaths have been reported, with 1 299 620 recoveries.

Cholera preparedness and readiness along with improvement of quality of drinking water, sanitation and hygiene conditions, and risk communication have been stepped up as a component of flood response. Given the congestion of flood-displaced populations in high ground areas and heavy contamination of the safe water sources, pre-emptive oral cholera vaccination campaigns were planned for Bor and Piabor targeting individuals aged one year and above.

Community leaders have reported rising tensions owing to cattle theft and revenge attacks in Tonj North County. The recent incidents include an attack by armed groups on a commercial vehicle in Awul village and intermittent livestock theft and revenge attacks between the Ajak Leer section and the Kuanythee sections. The rising tension in the county will further deteriorate the humanitarian crisis in Warrap, where 26 000 flood-affected people are food insecure.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 28 January 2021, a total of 3 961 confirmed COVID-19 cases were reported in the country including 64 deaths and 3 613 recovered cases.

The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2019, has continued since the beginning of 2020 with 13 new cases reported in week 47 (week ending 22 November 2020). As of the reporting date, a total of 412 cases of hepatitis E including five deaths have been reported from South Sudan, in Bentiu POC. There is also a suspected outbreak of hepatitis E in Abyei region, with an increasing number of suspected cases reported on 16 November 2020. Further epidemiological investigations about that outbreak are ongoing on the field.

Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles of which 50 were laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected 6 counties (Tonj East, Magwi, Bor, Kajoera East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 29 November 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on ongoing COVID-19 outbreak on 7 May 2020.

On 16 November 2020, health authorities of the Golf District in Togo were alerted to reports of six persons with diarrhoea, vomiting and dehydration, including one death in the health area of Katanga in Lomé. The investigation identified the first case on 11 November 2020. The sample was taken and cholera outbreak was confirmed at the laboratory of the National Institute of Hygiene (INH) on 17 November 2020. As of 11 January 2021, 68 suspected cases of cholera were reported in four health areas (Katanga, Adakpamé, Bégbisogbé in Golfe 1, and Kangnikopé in Golfe 6) of two Health Districts in Lomé including 18 confirmed cases, two deaths, and 65 recoveries. Response activities are ongoing.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>01-Mar-20</td>
<td>31-Jan-21</td>
<td>5 074</td>
<td>5 074</td>
<td>77</td>
<td>1.5%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>27-Jan-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Togo</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>4-Feb-20</td>
<td>3-Feb-20</td>
<td>24-Aug-20</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>07-Sep-20</td>
<td>1 488</td>
<td>17</td>
<td>6</td>
<td>0.4%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>18-Mar-20</td>
<td>31-Jan-21</td>
<td>54 217</td>
<td>54 217</td>
<td>763</td>
<td>1.4%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>27-Jan-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>01-Nov-20</td>
<td>464</td>
<td>-</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>31-Jan-21</td>
<td>33 388</td>
<td>33 388</td>
<td>1217</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 31 January 2021, a total of 5 074 cases including 77 deaths and 4 268 recovered cases have been reported in the country.

No new case of cVDPV2 was reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

The anthrax outbreak is ongoing in Zimbabwe. This outbreak started in week 36, 2019, affecting mainly Bulawayo and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Thirteen new anthrax cases and no deaths were reported in week 44 (week ending on 1 November 2020). The reported cases were from Gokwe North District (2), Gokwe South District (9) in Midlands Province, Bikita District (1) in Masvingo Province and Hurungwe District (1) in Mashonaland West Province. The cumulative figures for anthrax are 464 cases and 1 death.


Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.